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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR § 1.53(b))		Attorney Docket No.		Borden P10US0																																									
		First Inventor or Application Identifier		WIBOWO, Eko-Adi, et al.																																									
		Title		SOFT, PRIORITISED EARLY PACKET DISCARD SYSTEM																																									
		Express Mail Label No.		EL 513 891 596 US																																									
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents				ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																																									
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. [] *Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p><p>2. [X] Specification [Total Pages <u>28</u>] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims (s) - Abstract of the Disclosure</p><p>3. [X] Drawings (35 U.S.C. 113) [Total Sheets <u>11</u>]</p><p>4. Oath or Declaration [Total Pages _____] a. [] Newly executed (original or copy) b. [] Copy from prior application (37 CFR § 1.63(d)) (for continuation/divisional with Box 16 completed) i. [] DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p><p><small>*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small></p></div><div style="width: 48%;"><p>5. [] Microfiche Computer Program (Appendix)</p><p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. [] Computer Readable Copy b. [] Paper Copy (identical to computer copy) c. [] Statement verifying identity of above copies</p></div></div>																																													
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: [] Continuation [] Divisional [] Continuation-in-part(CIP) of prior application no. _____/_____ Prior application information: Examiner: _____ Group/Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p></div><div style="width: 48%;"><p style="text-align: center;">17. CORRESPONDENCE ADDRESS</p><p>[] Customer Number or Bar Code Label or [X] Correspondence address below (Insert Customer No. or Attach bar code label here)</p><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">NAME</td><td colspan="4">TIMOTHY E. EAGLE</td></tr><tr><td colspan="2" rowspan="2">ADDRESS</td><td colspan="4">Bridgewater Place, 333 Bridge Street, N.W.</td></tr><tr><td colspan="4">P.O. Box 352</td></tr><tr><td>CITY</td><td>Grand Rapids</td><td>STATE</td><td>Michigan</td><td>ZIP CODE</td><td>49501-0352</td></tr><tr><td>COUNTRY</td><td>USA</td><td>TELEPHONE</td><td>(616) 336-6000</td><td>FAX</td><td>(616) 336-7000</td></tr><tr><td colspan="2">Name (Print/Type)</td><td colspan="2">TIMOTHY E. EAGLE</td><td>Registration No. (Attorney/Agent)</td><td>31,755</td></tr><tr><td colspan="2">Signature</td><td colspan="2"></td><td>Date</td><td>12-27-99</td></tr></table></div></div>						NAME		TIMOTHY E. EAGLE				ADDRESS		Bridgewater Place, 333 Bridge Street, N.W.				P.O. Box 352				CITY	Grand Rapids	STATE	Michigan	ZIP CODE	49501-0352	COUNTRY	USA	TELEPHONE	(616) 336-6000	FAX	(616) 336-7000	Name (Print/Type)		TIMOTHY E. EAGLE		Registration No. (Attorney/Agent)	31,755	Signature				Date	12-27-99
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PTO/SB/05 (4/98)

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